

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>7.4</i>	<i>12</i>	<i>2/4/00</i>
O.I.P.E. CLASSIFIER			<i>2/4/00</i>
FORMALITY REVIEW	<i>CM</i>	<i>71632</i>	<i>4/4/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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